



St. Thomas the Apostle Catholic Church | 1500 Brookdale Road | Naperville, IL 60563 | [www.stapostle.org](http://www.stapostle.org) | 630.355.8980

---

Dear Parents and High School youth of **2<sup>nd</sup> year of Confirmation preparation**,

We are excited to begin the 2<sup>nd</sup> year of preparation for Confirmation! This is a year to dig deeper not only into the Catholic faith but also to grow your spiritual relationship with God. Here are a few important pieces to the Confirmation preparation:

- **LIFE retreat**

An important part of the second-year experience is participation in the LIFE retreat here at St. Thomas. **The schedule is packed with activities that build in a particular progression so it is essential that teens participate for the entire retreat.** For this Faith Formation year, the retreat will start Friday evening with an overnight at the parish (Fri only) and end Sunday with the 11:15 Mass. There will be **no** overnight on Saturday Night. Parents will pick up youth Saturday night at 10:00pm and return youth at 9:00am Sunday morning. More retreat information to come. Parents are invited to the closing Mass.

- **Confirmation classes**

There is a series of eight 75 minute classes at St. Thomas that your son/daughter is required to attend. See registration for class times. Specific dates will be forthcoming and you will be notified of dates once we have enough small group leaders. The sessions will begin either the end of September or the 1<sup>st</sup> week of October, depending on volunteers availability to lead the classes. Call Dorothy for homeschool information if needed. We are anticipating an April date for Confirmation.

- **Journey Nights**

Journey Nights are large group gatherings where students and parents come together to listen to a speaker. Journey Nights this year will be on 10/22/23 and 1/28/24.

- **Service Hours**

Your student is expected to complete 10 service hours for this year. If your youth has not turned in last year's reflection and list of the 20 hours required from last year, please do so as soon as you can. Print an explanation of the service hour requirement and the form to log these service hours ([www.stapostle.org](http://www.stapostle.org), then click on Religious Education/High School/Confirmation Program).

- **Faith Action Plan, Essay & Saint Report** – more information to come.

We know that high school is a busy time and that your son/daughter might not know their fall schedule. However, we ask that you give us your best guess as to your son's/daughter's preference for a retreat date and Confirmation class time slot. That helps us tremendously in our planning. **Please return registration materials to the Youth Ministry Office by Tuesday, August 15.**

Peace and blessings,

Dorothy Grantham - Director of Youth & Young Adult Ministry

**HIGH SCHOOL CONFIRMATION PROGRAM -Year 2 Confirmation**  
**REGISTRATION 2023-2024**

*Please return with payment by August 15, 2023*

**Family Contact Information**

Name: \_\_\_\_\_ / \_\_\_\_\_  
Father - First & Last Mother - First & Last

Address: \_\_\_\_\_  
Street City Zip

Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Father's Cell or Work Mother's Cell or Work

Email: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Family (Preferred) Father Mother

Which Local High School Will Your Teen(s) Attend in 2023-2024

Teen's First & Last Name:	Grade	Date of Birth	Teen's E-mail & Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____

Small groups/Confirmation class will meet at STA; please check your time preference:

Sunday 4:30pm \_\_\_\_\_ Sunday 7:15pm \_\_\_\_\_ Monday 7:00pm \_\_\_\_\_  
Class dates given once groups are formed and leaders are in place.

NOTE: Retreats are required part of Confirmation preparation.

Year 2 LIFE Retreat: 9/8-10 \_\_\_\_\_, 1/12-14 \_\_\_\_\_, 3/8-10 \_\_\_\_\_

Journey Parent/Youth Dates: 10/22/23 & 1/28/24

**FEES**

**Tuition:** 1 Teen = \$240 2 Teens = \$420 (Comprehensive fee including books, resources, retreats, & speakers)

Total Paid: \_\_\_\_\_ Deposit/Payment: \_\_\_\_\_

Date: _____	OFFICE USE ONLY	Family Number _____
Payment: _____	Date: _____	Balance: _____
Payment: _____	Date: _____	Balance: _____
Year 2 Permission Form _____	Deposit Form # _____	Acknowledgement Form _____

**ALL PARENTS MUST RETURN THIS FORM AT TIME OF REGISTRATION.**

We are required by the Diocese of Joliet to provide the documents outlined below to all families registered in our Religious Education Program. The documents can be found on our website:

<https://www.stapostle.org/religious-education/registration-forms/> and the St. Thomas Naperville App. Near the middle of the page you will see *Policy Regarding Sexual Abuse of Minors and Vulnerable Adults* and *Standards of Behavior for Those Working with Minors and Vulnerable Adults* and *Parent Handbook* . Please review these documents and return this form with your signature along with your registration form and medical release form at the time of registration.

**ACKNOWLEDGEMENT FORM**

**FOR**

**CLERGY, EMPLOYEES, VOLUNTEERS & PARENTS**

This is to acknowledge that I have been provided with access to  
and reviewed a copy of:

  X   *Policy Regarding Sexual Abuse of Minors and Vulnerable Adults*  
(Revised 2021)

  X   *The Standards of Behavior for Those Working with Minors and Vulnerable Adults* (Revised 2021)

  X   *Practical Advice for Parents on Preventing Child Sexual Abuse* (2003)

I understand that I am responsible to become familiar with the contents of the above documents.  
I agree to abide by and to conduct myself in complete accord with them.

(Please print clearly)

Family Last Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Position: Parent / Volunteer

Agency/parish/institution: St. Thomas the Apostle Catholic Church

City: Naperville, IL

Signature \_\_\_\_\_

Date \_\_\_\_\_



Participant Name	FIRST	LAST	
Address	City		Zip
Parent Name	Parent / Guardian 1		Name Parent/Guardian 2
Parent Cell			Cell Parent/Guardian 2
Parent Email	Parent / Guardian 1		Teen Cell - (HS Students ONLY)
Parish Name	City		Zip
School Attending	City		Zip
Date of Birth	Age	Grade	M F

## GENERAL PERMISSIONS

I request that my child: \_\_\_\_\_  
 be allowed to participate in: St. Thomas the Apostle  
Confirmation Preparation Activities 8/1/23-7/31/24

I hereby release and indemnify my parish, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Parish:  
St. Thomas the Apostle

And the Diocese of Joliet, its officers, directors, agents, employees, or representatives from any and all liability for illness or death arising from or in connection with my participation in the trip.

## CODE OF BEHAVIOR

I acknowledge that I am representing our diocese/parish during this event, and I will represent us well. I will adhere to all Diocesan Guidelines and display responsible, mature, and respectful behavior in my words, actions, and usages.

## EXPECTATIONS

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate respect and common courtesy at all times. Inappropriate language/behavior/conduct will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the values of modesty and respect, and inscriptions and images on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverages is prohibited.
6. The possession of any illegal substances is prohibited and subject to legal action.
7. Smoking, vaping, e-cigarettes, smokeless tobacco, and cannabis in any form are prohibited.
8. Weapons and/or drug paraphernalia are prohibited.

**INFRACTION OF THESE RULES CAN MEAN IMMEDIATE DISMISSAL WITH NO REFUND.**

*I understand and agree to the Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal my guardians (if under the age of 18) will be notified and/or I will be responsible for any and all costs related to the participants dismissal from activities and any all costs assessed by local authorities.*

Parent/Guardian initial \_\_\_\_\_ Participant initial \_\_\_\_\_

## MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child: \_\_\_\_\_  
 by the people in charge of the event and those transporting my child to and from the event as their judgement deems advisable and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay of such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery if deemed necessary for my child.

## MEDICAL INFORMATION

ALLERGIC TO MEDICATIONS: YES NO

If YES, please describe: \_\_\_\_\_

ALLERGIC TO OTHER: \_\_\_\_\_

OTHER CONDITIONS: \_\_\_\_\_

## INSURANCE INFORMATION

Policy in the name of: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ I.D.# \_\_\_\_\_

Insurance Phone: \_\_\_\_\_

Authorized Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

## VIDEOS, PHOTOS, and VIRTUAL PLATFORMS

Video/photos may be taken during this event. This authorization form constitutes permission for my child's participation in video and/or photos, which may be used for future promotional efforts, including the Parish and/or Diocese of Joliet website. Additionally, this form constitutes permission to participate in virtual platforms such as Zoom, Google, Seesaw etc. for the purpose of programmatic content. If you wish to opt out initial here:

Parent/Guardian Initial to Opt Out of Photos \_\_\_\_\_

## EMERGENCY CONTACT

In the event of an emergency please contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation \_\_\_\_\_

Participant Signature		Date
Parent/Guardian Signature		Date

**CONFIRMATION INFORMATION FORM**  
**2023 - 2024**

Family Name \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Birth date \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(City) (State )

Baptismal Date (m/d/y) \_\_\_\_\_ Church \_\_\_\_\_

Street \_\_\_\_\_

City/State \_\_\_\_\_

First Eucharist \_\_\_\_\_ (Check for Yes) Reconciliation \_\_\_\_\_ (Check or Yes)

Mother's Maiden Name \_\_\_\_\_

If you have not turned in a copy of your youth's ***BAPTISMAL CERTIFICATE*** to St. Thomas, please turn it in to the Youth Ministry Office by August 15, 2023.

**PLEASE RETURN THIS FORM BY AUGUST 15, 2023 TO:**

ST. THOMAS YOUTH MINISTRY OFFICE  
1500 BROOKDALE ROAD  
NAPERVILLE, IL 60563

**Office Use Only**

**CONFIRMATION NAME** \_\_\_\_\_

**CONFIRMATION SPONSOR** \_\_\_\_\_

# St. Thomas the Apostle – Youth & Young Adult Ministry

## Adult Volunteer Discernment Form

*First and foremost, thank you for your interest in High School Youth and Young Adult Ministry at St. Thomas! By completing this form it shows that you are open to God's calling for you to use your unique gifts and talents in the service of others. I'd like to sincerely thank you for that openness and my prayers will be with you throughout this exciting process!*

*Please take some time to prayerfully discern your responses on the following questions. The intent of this form is to avoid simply plugging you into a need, but rather it allows us to match your unique passion, gifts, time and talents with the appropriate aspect of our ministry. Our goal in this process is to make your volunteer experience as fruitful and rewarding as possible, for you as well as those you'll be serving! If you have any questions, feel free to contact me!*

**First & Last Name** \_\_\_\_\_ **Home Phone #** \_\_\_\_\_

**E-mail** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

Given my typical schedule, I am able to offer approximately \_\_\_\_\_ volunteer hours per \_\_\_\_\_ (week or month). If you're unsure of your availability or would rather volunteer on an as needed basis as your schedule permits then check here \_\_\_\_\_

Due to current commitments and obligations, the **BEST** days & times for me to spend my volunteer hours are generally:

\_\_\_\_\_

**Please circle all applicable areas of ministry you'd be open to helping us with:**

Faith Formation Commission	Confirmation Reception	Mental Health Team
Retreats	Confirmation Catechist	Prayer Activities
National Missions	Leader/Catechist Training	Conferences – NCYC, Steubenville
Local Service	Missions Fundraising	Music / Sound / Worship
Admin Assistance help	Young Adult (20s & 30s)	Media
Long-term Planning/Vision	Social Activities	Art (design, promo, logos, etc.)
Attendance Aide	Chaperone	Hands (building, repair, etc.)
Small Group Leader	Journey Night planning	Unsure/Other _____

***Please Proceed to the Reverse Side for Just A Few More Questions***

### **Just A Little More Information**

1. As best as you can, please describe your primary motivation and/or inspiration for considering to become involved in the above area(s) of ministry. As applicable, please note any specific moments that have helped affirm that God is calling you to this ministry.
2. Please list any past experiences that may be relevant to your involvement in our ministry as well as any particular skills, gifts, or talents you would be open to sharing with us.
3. Do you have any further questions or any special concerns about our ministry and your potential involvement as a volunteer?

### **Diocesan Certification (Complete if applying to work with minors under age 18)**

<b>Respond to the following statements as they apply to you:</b>	<b>Yes</b>	<b>No</b>
Completed the Protecting God's Children training?	_____	_____
Date/Year Completed? _____		
Completed a background check through St. Thomas in the past 3 years?	_____	_____
Completed the Mandated Reporter Training in the past 3 years?	_____	_____

***Upon completion, please return this form to the office of Dorothy Grantham, Director of High School & Young Adult Ministry or turn it in to the R.E. Office***

Dorothy Grantham • Director of HS Youth & Young Adult Ministry • 630-355-8980x117 •  
dgrantham@stapostle.org